

ANNUAL SUBRECIPIENT CONTRACT DETAIL  
BY PARENT  
FOR THE FISCAL YEAR ENDED 6/30/05

PARENT NAME    Henry County Medical Center

Parent Record #                    4502

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Henry County Medical Center	Z05023932	HENRY COUNTY MEDICAL C	34349	103	D	1/19/2005	38,800.00
Summary for 'REF DOC NUMBER' = Z05023932 (1 detail record)							
Total for Z05023932							38,800.00